	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								r(S)	FILING DATE				
	AS FILED		ÀPTER 181		AFTER 2ND		CLAIMS	L						
	MD	T	AMEN	MENT	AMEN	MENT			<u> </u>	V	-			
1	1	DEP	#ND	DEP	IND	DEP	1		DNI	DEP	IND	DEP B	- ND	Т
2							1	51			 		,	1
3							1	52						T
4								53						
5		\					1	54 55						
6	\			·			i i	56				,—		\perp
7								57						↓
8							Ì	58						╀-
9								59						╀
10								60						╁╌
11 12							L	61						╁╌
13			-				1	62						
14		$\overline{}$	-				- 1	63						\vdash
15		`		 			1	64	$-\!\!-\!\!\!-\!\!\!\!+$	$-\!\!-\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$				
16							-	65						
17							-	66						
18	,						- 	67						
19							-	68						
20							-	70 70						
21							-	71						
22							-	72		- -				
23								73			 -			
24								74					 -	
25							. [75						
26								76						
27							<u> </u> _	77						
9	$\overline{}$							78						
0								79						
1							<u> </u>	80						
2						—	-	81						
3							-	82						
4							<u> </u>	83 84						
5								85						
6								86						
7								87					- -	
-		$-\!\!\perp$]		88					-+	
-								89						
2								90	\bot				$\neg \vdash$	
-				 [<u></u>	91						
								92						_
	- -							93						
								94		_		_		
								95						
				\neg		_		96 97						
								98						
	$-\Box$							99		-				
		\Box						00				-+		
ND. 3	.									. -				
1		+ -		 			TOTA	AL IND.		1	[l		
				i			DEP.		_	'		' I	_	,₹